



AUG 21 2000

TECH CENTER 1602/2900
BOX SEQUENCE

PATENT 2121-140P

IN THE U.S. PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Judith MELKI et al.

APPLICATION NO.:

09/109,082

GROUP:

1647

FILED:

July 2, 1998

EXAMINER: R. Hayes

FOR:

SPINAL MUSCULAR ATROPHY DIAGNOSTIC METHODS

AMENDMENT

Honorable Commissioner of Patents Washington, D.C. 20231

Sir:

In response to the Communication mailed July 18, 2000, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

IN THE SPECIFICATION

Please amend the specification as follows:

Page 17

Line 24 change "Fig. 12 (SEQ ID NO:20)" to --Fig. 12 (SEQ ID NO:21) --.

Page 20

Line 7, change "(SEQ ID NO:21)" to --(SEQ ID NO:22)--.

Line & after "amino acids" insert -- (SEQ ID NOS:58-65)--.

Line 15, change "(SEQ ID NO:22)" to --(SEQ ID NO:23)--.



AUS 2: 3



AUG 2: 2000

TECH CENTER 1600/2900

PATENT 2121-140P

TECH CENTER 1500/2000

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant:

Judith MELKI et al.

Appl. No.:

09/109,082

Group:

1647

Filed:

Julv 2, 1998

Examiner: R. Hayes

For:

SPINAL MUSCULAR ATROPHY DIAGNOSTIC

METHODS

LARGE ENTITY TRANSMITTAL FORM

Assistant Commissioner for Patents Washington, DC 20231

August 17, 2000

Sir:

Transmitted herewith is an amendment in the above-identified application.

	The e	enclosed	document	is	being	trans	mitted	via	the	Certificate
	of Ma	ailing p	provisions	of	37 C.	F.R.	§ 1.8.			

The enclosed document is being transmitted via facsimile.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL	80	-	80	=	0	\$18	\$0.00	
INDEPENDENT	22	-	22	=	0	\$78	\$0.00	
FIRST PRESEN	\$260	\$0.00						
						TOTAL	\$0.00	

Appl. No. 09/109,082

	Petition for () month(s) extension of time pursuant to $37 \text{ C.F.R. } \$\$ \ 1.17$ and $1.136(a). \$0.00$ for the extension of time.								
\boxtimes	No fee is required.								
	A check in the amount of \$0.00 is enclosed.								
	Please charge Deposit Account No. 02-2448 in the amount of \$0.00. This form is submitted in triplicate.	۶f							

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. \S 1.16 or under 37 C.F.R. \S 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By Mayon a armstry Chy Wo 40,007
Mart Sl. Weiner, #32,781

MaryAnne Armstrong, Ph.D., #40,069

MSW/MAA/LPS 2121-140P

٠. ٠٠ ٠

P.O. Box 747
Falls Church, VA 22040-0747
(703) 205-8000

ATTACHMENTS

(Rev. 04/19/2000)